

Montana Medicaid - Fee Schedule Dental

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Montana Medicaid - Fee Schedule Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D0120		PERIODIC ORAL EVALUATION	7/1/2003	FEE SCHED	\$14.28		
D0120	EP	PERIODIC ORAL EVALUATION	7/1/2003	FEE SCHED	\$18.56		
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2003	FEE SCHED	\$20.40		
D0140	EP	LIMIT ORAL EVAL PROBLM FOCUS	7/1/2003	FEE SCHED	\$26.52		
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2003	FEE SCHED	\$20.40		
D0150	EP	COMPREHENSVE ORAL EVALUATION	7/1/2003	FEE SCHED	\$26.52		
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2003	FEE SCHED	\$40.80		
D0210	EP	INTRAOR COMPLETE FILM SERIES	7/1/2003	FEE SCHED	\$53.04		
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2003	FEE SCHED	\$10.20		
D0220	EP	INTRAORAL PERIAPICAL FIRST F	7/1/2003	FEE SCHED	\$13.26		
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2003	FEE SCHED	\$5.10		
D0230	EP	INTRAORAL PERIAPICAL EA ADD	7/1/2003	FEE SCHED	\$6.63		
D0240		INTRAORAL OCCLUSAL FILM	7/1/2003	FEE SCHED	\$12.24		
D0240	EP	INTRAORAL OCCLUSAL FILM	7/1/2003	FEE SCHED	\$15.91		
D0250		EXTRAORAL FIRST FILM	7/1/2003	FEE SCHED	\$20.40		
D0250	EP	EXTRAORAL FIRST FILM	7/1/2003	FEE SCHED	\$26.52		
D0260		EXTRAORAL EA ADDITIONAL FILM	7/1/2003	FEE SCHED	\$10.20		
D0260	EP	EXTRAORAL EA ADDITIONAL FILM	7/1/2003	FEE SCHED	\$13.26		
D0270		DENTAL BITEWING SINGLE FILM	7/1/2003	FEE SCHED	\$10.20		
D0270	EP	DENTAL BITEWING SINGLE FILM	7/1/2003	FEE SCHED	\$13.26		
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2003	FEE SCHED	\$12.24		
D0272	EP	DENTAL BITEWINGS TWO FILMS	7/1/2003	FEE SCHED	\$15.91		
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2003	FEE SCHED	\$20.40		
D0274	EP	DENTAL BITEWINGS FOUR FILMS	7/1/2003	FEE SCHED	\$26.52		
D0277		VERT BITEWINGS-SEV TO EIGHT	7/1/2003	FEE SCHED	\$18.36		
D0277	EP	VERT BITEWINGS-SEV TO EIGHT	7/1/2003	FEE SCHED	\$23.87		
D0330		DENTAL PANORAMIC FILM	7/1/2003	FEE SCHED	\$32.64		
D0330	EP	DENTAL PANORAMIC FILM	7/1/2003	FEE SCHED	\$42.43		
D0340		DENTAL CEPHALOMETRIC FILM	7/1/2003	FEE SCHED	\$40.80		
D0340	EP	DENTAL CEPHALOMETRIC FILM	7/1/2003	FEE SCHED	\$53.04		
D0350		ORAL/FACIAL IMAGES	7/1/2003	FEE SCHED	\$10.20		
D0350	EP	ORAL/FACIAL IMAGES	7/1/2003	FEE SCHED	\$13.26		
D0460		PULP VITALITY TEST	7/1/2003	FEE SCHED	\$16.32		
D0460	EP	PULP VITALITY TEST	7/1/2003	FEE SCHED	\$21.22		
D0470		DIAGNOSTIC CASTS	7/1/2003	FEE SCHED	\$25.50		
D0470	EP	DIAGNOSTIC CASTS	7/1/2003	FEE SCHED	\$33.15		
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2003	FEE SCHED	\$30.60		
D1110	EP	DENTAL PROPHYLAXIS ADULT	7/1/2003	FEE SCHED	\$39.78		
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2003	FEE SCHED	\$20.40		
D1120	EP	DENTAL PROPHYLAXIS CHILD	7/1/2003	FEE SCHED	\$26.52		
D1201		TOPICAL FLUOR W PROPHY CHILD	7/1/2003	FEE SCHED	\$25.50		
D1201	EP	TOPICAL FLUOR W PROPHY CHILD	7/1/2003	FEE SCHED	\$33.15		
D1203		TOPICAL FLUOR W/O PROPHY CHI	7/1/2003	FEE SCHED	\$10.20		

Please see first page for a complete description
of information contained in the fee schedules.

Montana Medicaid - Fee Schedule **Dental**

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D1203	EP	TOPICAL FLUOR W/O PROPHY CHI	7/1/2003	FEE SCHED	\$13.26		
D1205		TOPICAL FLUORIDE W/ PROPHY A	7/1/2003	FEE SCHED	\$40.80		
D1205	EP	TOPICAL FLUORIDE W/ PROPHY A	7/1/2003	FEE SCHED	\$53.04		
D1351		DENTAL SEALANT PER TOOTH	7/1/2003	FEE SCHED	\$16.32		
D1351	EP	DENTAL SEALANT PER TOOTH	7/1/2003	FEE SCHED	\$21.22		
D1510	EP	SPACE MAINTAINER FXD UNILAT	7/1/2003	FEE SCHED	\$106.08		
D1515	EP	FIXED BILAT SPACE MAINTAINER	7/1/2003	FEE SCHED	\$159.12		
D1550	EP	RECEMENT SPACE MAINTAINER	7/1/2003	FEE SCHED	\$31.82		
D2140		AMALGAM ONE SURFACE PERMANEN	7/1/2003	FEE SCHED	\$40.80		
D2140	EP	AMALGAM ONE SURFACE PERMANEN	7/1/2003	FEE SCHED	\$53.04		
D2150		AMALGAM TWO SURFACES PERMANE	7/1/2003	FEE SCHED	\$44.88		
D2150	EP	AMALGAM TWO SURFACES PERMANE	7/1/2003	FEE SCHED	\$58.34		
D2160		AMALGAM THREE SURFACES PERMA	7/1/2003	FEE SCHED	\$55.08		
D2160	EP	AMALGAM THREE SURFACES PERMA	7/1/2003	FEE SCHED	\$71.60		
D2161		AMALGAM 4 OR > SURFACES PERM	7/1/2003	FEE SCHED	\$67.32		
D2161	EP	AMALGAM 4 OR > SURFACES PERM	7/1/2003	FEE SCHED	\$87.52		
D2330		RESIN ONE SURFACE-ANTERIOR	7/1/2003	FEE SCHED	\$40.80		
D2330	EP	RESIN ONE SURFACE-ANTERIOR	7/1/2003	FEE SCHED	\$53.04		
D2331		RESIN TWO SURFACES-ANTERIOR	7/1/2003	FEE SCHED	\$61.20		
D2331	EP	RESIN TWO SURFACES-ANTERIOR	7/1/2003	FEE SCHED	\$79.56		
D2332		RESIN THREE SURFACES-ANTERIO	7/1/2003	FEE SCHED	\$71.40		
D2332	EP	RESIN THREE SURFACES-ANTERIO	7/1/2003	FEE SCHED	\$92.82		
D2335		RESIN 4/> SURF OR W INCIS AN	7/1/2003	FEE SCHED	\$81.60		
D2335	EP	RESIN 4/> SURF OR W INCIS AN	7/1/2003	FEE SCHED	\$106.08		
D2390		ANT RESIN-BASED CMPST CROWN	7/1/2003	FEE SCHED	\$57.12		
D2390	EP	ANT RESIN-BASED CMPST CROWN	7/1/2003	FEE SCHED	\$74.26		
D2391		POST 1 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$42.84		
D2391	EP	POST 1 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$55.69		
D2392		POST 2 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$55.08		
D2392	EP	POST 2 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$71.60		
D2393		POST 3 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$63.24		
D2393	EP	POST 3 SRFC RESINBASED CMPST	7/1/2003	FEE SCHED	\$82.21		
D2394		POST >=4SRFC RESINBASE CMPST	7/1/2003	FEE SCHED	\$69.36		
D2394	EP	POST >=4SRFC RESINBASE CMPST	7/1/2003	FEE SCHED	\$90.17		
D2710		CROWN RESIN LABORATORY	7/1/2003	FEE SCHED	\$204.00		
D2710	EP	CROWN RESIN LABORATORY	7/1/2003	FEE SCHED	\$265.20		
D2720		CROWN RESIN W/ HIGH NOBLE ME	7/1/2003	FEE SCHED	\$408.00		
D2720	EP	CROWN RESIN W/ HIGH NOBLE ME	7/1/2003	FEE SCHED	\$530.40		
D2721		CROWN RESIN W/ BASE METAL	7/1/2003	FEE SCHED	\$306.00		
D2721	EP	CROWN RESIN W/ BASE METAL	7/1/2003	FEE SCHED	\$397.80		
D2722		CROWN RESIN W/ NOBLE METAL	7/1/2003	FEE SCHED	\$346.80		
D2722	EP	CROWN RESIN W/ NOBLE METAL	7/1/2003	FEE SCHED	\$450.84		
D2740		CROWN PORCELAIN/CERAMIC SUBS	7/1/2003	FEE SCHED	\$408.00		

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Montana Medicaid - Fee Schedule Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D2740	EP	CROWN PORCELAIN/CERAMIC SUBS	7/1/2003	FEE SCHED	\$530.40		
D2750		CROWN PORCELAIN W/ H NOBLE M	7/1/2003	FEE SCHED	\$448.80		
D2750	EP	CROWN PORCELAIN W/ H NOBLE M	7/1/2003	FEE SCHED	\$583.44		
D2751		CROWN PORCELAIN FUSED BASE M	7/1/2003	FEE SCHED	\$326.40		
D2751	EP	CROWN PORCELAIN FUSED BASE M	7/1/2003	FEE SCHED	\$424.32		
D2752		CROWN PORCELAIN W/ NOBLE MET	7/1/2003	FEE SCHED	\$367.20		
D2752	EP	CROWN PORCELAIN W/ NOBLE MET	7/1/2003	FEE SCHED	\$477.36		
D2780		CROWN 3/4 CAST HI NOBLE MET	7/1/2003	FEE SCHED	\$367.20		
D2780	EP	CROWN 3/4 CAST HI NOBLE MET	7/1/2003	FEE SCHED	\$477.36		
D2781		CROWN 3/4 CAST BASE METAL	7/1/2003	FEE SCHED	\$265.20		
D2781	EP	CROWN 3/4 CAST BASE METAL	7/1/2003	FEE SCHED	\$344.76		
D2782		CROWN 3/4 CAST NOBLE METAL	7/1/2003	FEE SCHED	\$306.00		
D2782	EP	CROWN 3/4 CAST NOBLE METAL	7/1/2003	FEE SCHED	\$397.80		
D2783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$387.60		
D2783	EP	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$503.88		
D2790		CROWN FULL CAST HIGH NOBLE M	7/1/2003	FEE SCHED	\$387.60		
D2790	EP	CROWN FULL CAST HIGH NOBLE M	7/1/2003	FEE SCHED	\$503.88		
D2791		CROWN FULL CAST BASE METAL	7/1/2003	FEE SCHED	\$285.60		
D2791	EP	CROWN FULL CAST BASE METAL	7/1/2003	FEE SCHED	\$371.28		
D2792		CROWN FULL CAST NOBLE METAL	7/1/2003	FEE SCHED	\$326.40		
D2792	EP	CROWN FULL CAST NOBLE METAL	7/1/2003	FEE SCHED	\$424.32		
D2799		PROVISIONAL CROWN	7/1/2003	FEE SCHED	\$204.00		
D2799	EP	PROVISIONAL CROWN	7/1/2003	FEE SCHED	\$265.20		
D2910		DENTAL RECEMENT INLAY	7/1/2003	FEE SCHED	\$30.60		
D2910	EP	DENTAL RECEMENT INLAY	7/1/2003	FEE SCHED	\$39.78		
D2920		DENTAL RECEMENT CROWN	7/1/2003	FEE SCHED	\$30.60		
D2920	EP	DENTAL RECEMENT CROWN	7/1/2003	FEE SCHED	\$39.78		
D2930		PREFAB STNLSS STEEL CRWN PRI	7/1/2003	FEE SCHED	\$81.60		
D2930	EP	PREFAB STNLSS STEEL CRWN PRI	7/1/2003	FEE SCHED	\$106.08		
D2931		PREFAB STNLSS STEEL CROWN PE	7/1/2003	FEE SCHED	\$122.40		
D2931	EP	PREFAB STNLSS STEEL CROWN PE	7/1/2003	FEE SCHED	\$159.12		
D2932		PREFABRICATED RESIN CROWN	7/1/2003	FEE SCHED	\$97.92		
D2932	EP	PREFABRICATED RESIN CROWN	7/1/2003	FEE SCHED	\$127.30		
D2933		PREFAB STAINLESS STEEL CROWN	7/1/2003	FEE SCHED	\$91.80		
D2933	EP	PREFAB STAINLESS STEEL CROWN	7/1/2003	FEE SCHED	\$119.34		
D2940		DENTAL SEDATIVE FILLING	7/1/2003	FEE SCHED	\$30.60		
D2940	EP	DENTAL SEDATIVE FILLING	7/1/2003	FEE SCHED	\$39.78		
D2950		CORE BUILD-UP INCL ANY PINS	7/1/2003	FEE SCHED	\$81.60		
D2950	EP	CORE BUILD-UP INCL ANY PINS	7/1/2003	FEE SCHED	\$106.08		
D2951		TOOTH PIN RETENTION	7/1/2003	FEE SCHED	\$20.40		
D2951	EP	TOOTH PIN RETENTION	7/1/2003	FEE SCHED	\$26.52		
D2952		POST AND CORE CAST + CROWN	7/1/2003	FEE SCHED	\$163.20		
D2952	EP	POST AND CORE CAST + CROWN	7/1/2003	FEE SCHED	\$212.16		

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Montana Medicaid - Fee Schedule Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D2953		EACH ADDTNL CAST POST	7/1/2003	FEE SCHED	\$132.60		
D2953	EP	EACH ADDTNL CAST POST	7/1/2003	FEE SCHED	\$172.38		
D2954		PREFAB POST/CORE + CROWN	7/1/2003	FEE SCHED	\$102.00		
D2954	EP	PREFAB POST/CORE + CROWN	7/1/2003	FEE SCHED	\$132.60		
D2957		EACH ADDTNL PREFAB POST	7/1/2003	FEE SCHED	\$71.40		
D2957	EP	EACH ADDTNL PREFAB POST	7/1/2003	FEE SCHED	\$92.82		
D2960		LAMINATE LABIAL VENEER	7/1/2003	FEE SCHED	\$122.40		
D2960	EP	LAMINATE LABIAL VENEER	7/1/2003	FEE SCHED	\$159.12		
D2961		LAB LABIAL VENEER RESIN	7/1/2003	FEE SCHED	\$204.00		
D2961	EP	LAB LABIAL VENEER RESIN	7/1/2003	FEE SCHED	\$265.20		
D2962		LAB LABIAL VENEER PORCELAIN	7/1/2003	FEE SCHED	\$293.76		
D2962	EP	LAB LABIAL VENEER PORCELAIN	7/1/2003	FEE SCHED	\$381.89		
D2970		TEMPORARY- FRACTURED TOOTH	7/1/2003	FEE SCHED	\$81.60		
D2970	EP	TEMPORARY- FRACTURED TOOTH	7/1/2003	FEE SCHED	\$106.08		
D2980		CROWN REPAIR	7/1/2003	FEE SCHED	\$83.64		
D2980	EP	CROWN REPAIR	7/1/2003	FEE SCHED	\$108.73		
D2999		DENTAL UNSPEC RESTORATIVE PR	7/1/2001	BY REPORT	\$0.00		
D2999	EP	DENTAL UNSPEC RESTORATIVE PR	7/1/2003	BY REPORT	\$0.00		
D3110		PULP CAP DIRECT	7/1/2003	FEE SCHED	\$206.04		
D3110	EP	PULP CAP DIRECT	7/1/2003	FEE SCHED	\$267.85		
D3120		PULP CAP INDIRECT	7/1/2003	FEE SCHED	\$20.40		
D3120	EP	PULP CAP INDIRECT	7/1/2003	FEE SCHED	\$26.52		
D3220		THERAPEUTIC PULPOTOMY	7/1/2003	FEE SCHED	\$61.20		
D3220	EP	THERAPEUTIC PULPOTOMY	7/1/2003	FEE SCHED	\$79.56		
D3221		GROSS PULPAL DEBRIDEMENT	7/1/2003	FEE SCHED	\$81.60		
D3221	EP	GROSS PULPAL DEBRIDEMENT	7/1/2003	FEE SCHED	\$106.08		
D3230		PULPAL THERAPY ANTERIOR PRIM	7/1/2003	FEE SCHED	\$67.32		
D3230	EP	PULPAL THERAPY ANTERIOR PRIM	7/1/2003	FEE SCHED	\$87.52		
D3240		PULPAL THERAPY POSTERIOR PRI	7/1/2003	FEE SCHED	\$75.48		
D3240	EP	PULPAL THERAPY POSTERIOR PRI	7/1/2003	FEE SCHED	\$98.12		
D3310		ANTERIOR	7/1/2003	FEE SCHED	\$208.08		
D3310	EP	ANTERIOR	7/1/2003	FEE SCHED	\$270.50		
D3320		ROOT CANAL THERAPY 2 CANALS	7/1/2003	FEE SCHED	\$204.00		
D3320	EP	ROOT CANAL THERAPY 2 CANALS	7/1/2003	FEE SCHED	\$265.20		
D3330		ROOT CANAL THERAPY 3 CANALS	7/1/2003	FEE SCHED	\$285.60		
D3330	EP	ROOT CANAL THERAPY 3 CANALS	7/1/2003	FEE SCHED	\$371.28		
D3331		NON-SURG TX ROOT CANAL OBS	7/1/2001	BY REPORT	\$0.00		
D3331	EP	NON-SURG TX ROOT CANAL OBS	7/1/2001	BY REPORT	\$0.00		
D3346		RETREAT ROOT CANAL ANTERIOR	7/1/2003	FEE SCHED	\$224.40		
D3346	EP	RETREAT ROOT CANAL ANTERIOR	7/1/2003	FEE SCHED	\$291.72		
D3347		RETREAT ROOT CANAL BICUSPID	7/1/2003	FEE SCHED	\$273.36		
D3347	EP	RETREAT ROOT CANAL BICUSPID	7/1/2003	FEE SCHED	\$355.37		
D3348		RETREAT ROOT CANAL MOLAR	7/1/2003	FEE SCHED	\$336.60		

Montana Medicaid - Fee Schedule **Dental**

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D3348	EP	RETREAT ROOT CANAL MOLAR	7/1/2003	FEE SCHED	\$437.58		
D3410		APICOECT/PERIRAD SURG ANTER	7/1/2003	FEE SCHED	\$185.64		
D3410	EP	APICOECT/PERIRAD SURG ANTER	7/1/2003	FEE SCHED	\$241.33		
D3421		ROOT SURGERY BICUSPID	7/1/2003	FEE SCHED	\$214.20		
D3421	EP	ROOT SURGERY BICUSPID	7/1/2003	FEE SCHED	\$278.46		
D3425		ROOT SURGERY MOLAR	7/1/2003	FEE SCHED	\$238.68		
D3425	EP	ROOT SURGERY MOLAR	7/1/2003	FEE SCHED	\$310.28		
D3426		ROOT SURGERY EA ADD ROOT	7/1/2003	FEE SCHED	\$197.88		
D3426	EP	ROOT SURGERY EA ADD ROOT	7/1/2003	FEE SCHED	\$257.24		
D3430		RETROGRADE FILLING	7/1/2003	FEE SCHED	\$61.20		
D3430	EP	RETROGRADE FILLING	7/1/2003	FEE SCHED	\$79.56		
D4210		GINGIVECTOMY/PLASTY PER QUAD	7/1/2003	FEE SCHED	\$193.80		
D4210	EP	GINGIVECTOMY/PLASTY PER QUAD	7/1/2003	FEE SCHED	\$251.94		
D4211		GINGIVECTOMY/PLASTY PER TOOT	7/1/2003	FEE SCHED	\$167.28		
D4211	EP	GINGIVECTOMY/PLASTY PER TOOTH	7/1/2003	FEE SCHED	\$217.46		
D4240		GINGIVAL FLAP PROC W/ PLANIN	7/1/2003	FEE SCHED	\$222.36		
D4240	EP	GINGIVAL FLAP PROC W/ PLANIN	7/1/2003	FEE SCHED	\$289.07		
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2003	FEE SCHED	\$63.24		
D4241	EP	GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2003	FEE SCHED	\$82.21		
D4260		OSSEOUS SURGERY PER QUADRANT	7/1/2003	FEE SCHED	\$326.40		
D4260	EP	OSSEOUS SURGERY PER QUADRANT	7/1/2003	FEE SCHED	\$424.32		
D4261		OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QU/	7/1/2003	FEE SCHED	\$163.20		
D4261	EP	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QU/	7/1/2003	FEE SCHED	\$212.16		
D4270		PEDICLE SOFT TISSUE GRAFT PR	7/1/2003	FEE SCHED	\$248.88		
D4270	EP	PEDICLE SOFT TISSUE GRAFT PR	7/1/2003	FEE SCHED	\$323.54		
D4271		FREE SOFT TISSUE GRAFT PROC	7/1/2003	FEE SCHED	\$257.04		
D4271	EP	FREE SOFT TISSUE GRAFT PROC	7/1/2003	FEE SCHED	\$334.15		
D4320		PROVISION SPLNT INTRACORONAL	7/1/2003	FEE SCHED	\$138.72		
D4320	EP	PROVISION SPLNT INTRACORONAL	7/1/2003	FEE SCHED	\$180.34		
D4341		PERIODONTAL SCALING & ROOT	7/1/2003	FEE SCHED	\$102.00		
D4341	EP	PERIODONTAL SCALING & ROOT	7/1/2003	FEE SCHED	\$132.60		
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2003	FEE SCHED	\$55.08		
D4342	EP	PERIODONTAL SCALING 1-3TEETH	7/1/2003	FEE SCHED	\$74.26		
D4355		FULL MOUTH DEBRIDEMENT	7/1/2003	FEE SCHED	\$51.00		
D4355	EP	FULL MOUTH DEBRIDEMENT	7/1/2003	FEE SCHED	\$66.30		
D4910		PERIODONTAL MAINT PROCEDURES	7/1/2003	FEE SCHED	\$40.80		
D4910	EP	PERIODONTAL MAINT PROCEDURES	7/1/2003	FEE SCHED	\$53.04		
D4920		UNSCHEDULED DRESSING CHANGE	7/1/2003	FEE SCHED	\$26.52		
D4920	EP	UNSCHEDULED DRESSING CHANGE	7/1/2003	FEE SCHED	\$34.48		
D4999		UNSPECIFIED PERIODONTAL PROC	7/1/2001	BY REPORT	\$0.00		
D4999	EP	UNSPECIFIED PERIODONTAL PROC	7/1/2001	BY REPORT	\$0.00		
D5110		DENTURES COMPLETE MAXILLARY	7/1/2003	FEE SCHED	\$510.00		
D5110	EP	DENTURES COMPLETE MAXILLARY	7/1/2003	FEE SCHED	\$663.00		

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Montana Medicaid - Fee Schedule **Dental**

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D5120		DENTURES COMPLETE MANDIBLE	7/1/2003	FEE SCHED	\$510.00		
D5120	EP	DENTURES COMPLETE MANDIBLE	7/1/2003	FEE SCHED	\$663.00		
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2003	FEE SCHED	\$561.00		
D5130	EP	DENTURES IMMEDIAT MAXILLARY	7/1/2003	FEE SCHED	\$729.30		
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2003	FEE SCHED	\$561.00		
D5140	EP	DENTURES IMMEDIAT MANDIBLE	7/1/2003	FEE SCHED	\$729.30		
D5211		DENTURES MAXILL PART RESIN	7/1/2003	FEE SCHED	\$346.80		
D5211	EP	DENTURES MAXILL PART RESIN	7/1/2003	FEE SCHED	\$450.84		
D5212		DENTURES MAND PART RESIN	7/1/2003	FEE SCHED	\$361.08		
D5212	EP	DENTURES MAND PART RESIN	7/1/2003	FEE SCHED	\$469.40		
D5213		DENTURES MAXILL PART METAL	7/1/2003	FEE SCHED	\$612.00		
D5213	EP	DENTURES MAXILL PART METAL	7/1/2003	FEE SCHED	\$795.60		
D5214		DENTURES MANDIBL PART METAL	7/1/2003	FEE SCHED	\$612.00		
D5214	EP	DENTURES MANDIBL PART METAL	7/1/2003	FEE SCHED	\$795.60		
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2003	FEE SCHED	\$24.48		
D5410	EP	DENTURES ADJUST CMPLT MAXIL	7/1/2003	FEE SCHED	\$31.82		
D5411		DENTURES ADJUST CMPLT MAND	7/1/2003	FEE SCHED	\$24.48		
D5411	EP	DENTURES ADJUST CMPLT MAND	7/1/2003	FEE SCHED	\$31.82		
D5421		DENTURES ADJUST PART MAXILL	7/1/2003	FEE SCHED	\$24.48		
D5421	EP	DENTURES ADJUST PART MAXILL	7/1/2003	FEE SCHED	\$31.82		
D5422		DENTURES ADJUST PART MANDBL	7/1/2003	FEE SCHED	\$24.48		
D5422	EP	DENTURES ADJUST PART MANDBL	7/1/2003	FEE SCHED	\$31.82		
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2003	FEE SCHED	\$61.20		
D5510	EP	DENTUR REPR BROKEN COMPL BAS	7/1/2003	FEE SCHED	\$79.56		
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2003	FEE SCHED	\$40.80		
D5520	EP	REPLACE DENTURE TEETH COMPLT	7/1/2003	FEE SCHED	\$53.04		
D5610		DENTURES REPAIR RESIN BASE	7/1/2003	FEE SCHED	\$61.20		
D5610	EP	DENTURES REPAIR RESIN BASE	7/1/2003	FEE SCHED	\$79.56		
D5620		REP PART DENTURE CAST FRAME	7/1/2003	FEE SCHED	\$83.64		
D5620	EP	REP PART DENTURE CAST FRAME	7/1/2003	FEE SCHED	\$108.73		
D5630		REP PARTIAL DENTURE CLASP	7/1/2003	FEE SCHED	\$75.48		
D5630	EP	REP PARTIAL DENTURE CLASP	7/1/2003	FEE SCHED	\$98.12		
D5640		REPLACE PART DENTURE TEETH	7/1/2003	FEE SCHED	\$61.20		
D5640	EP	REPLACE PART DENTURE TEETH	7/1/2003	FEE SCHED	\$79.56		
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2003	FEE SCHED	\$61.20		
D5650	EP	ADD TOOTH TO PARTIAL DENTURE	7/1/2003	FEE SCHED	\$79.56		
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2003	FEE SCHED	\$102.00		
D5660	EP	ADD CLASP TO PARTIAL DENTURE	7/1/2003	FEE SCHED	\$132.60		
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2003	FEE SCHED	\$204.00		
D5710	EP	DENTURES REBASE CMPLT MAXIL	7/1/2003	FEE SCHED	\$265.20		
D5711		DENTURES REBASE CMPLT MAND	7/1/2003	FEE SCHED	\$204.00		
D5711	EP	DENTURES REBASE CMPLT MAND	7/1/2003	FEE SCHED	\$265.20		
D5720		DENTURES REBASE PART MAXILL	7/1/2003	FEE SCHED	\$163.20		

Please see first page for a complete description
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Montana Medicaid - Fee Schedule Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D5720	EP	DENTURES REBASE PART MAXILL	7/1/2003	FEE SCHED	\$212.16		
D5721		DENTURES REBASE PART MANDBL	7/1/2003	FEE SCHED	\$163.20		
D5721	EP	DENTURES REBASE PART MANDBL	7/1/2003	FEE SCHED	\$212.16		
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2003	FEE SCHED	\$122.40		
D5730	EP	DENTURE RELN CMPLT MAXIL CH	7/1/2003	FEE SCHED	\$159.12		
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2003	FEE SCHED	\$122.40		
D5731	EP	DENTURE RELN CMPLT MAND CHR	7/1/2003	FEE SCHED	\$159.12		
D5740		DENTURE RELN PART MAXIL CHR	7/1/2003	FEE SCHED	\$102.00		
D5740	EP	DENTURE RELN PART MAXIL CHR	7/1/2003	FEE SCHED	\$132.60		
D5741		DENTURE RELN PART MAND CHR	7/1/2003	FEE SCHED	\$102.00		
D5741	EP	DENTURE RELN PART MAND CHR	7/1/2003	FEE SCHED	\$132.60		
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2003	FEE SCHED	\$163.20		
D5750	EP	DENTURE RELN CMPLT MAX LAB	7/1/2003	FEE SCHED	\$212.16		
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2003	FEE SCHED	\$163.20		
D5751	EP	DENTURE RELN CMPLT MAND LAB	7/1/2003	FEE SCHED	\$212.16		
D5760		DENTURE RELN PART MAXIL LAB	7/1/2003	FEE SCHED	\$163.20		
D5760	EP	DENTURE RELN PART MAXIL LAB	7/1/2003	FEE SCHED	\$212.16		
D5761		DENTURE RELN PART MAND LAB	7/1/2003	FEE SCHED	\$163.20		
D5761	EP	DENTURE RELN PART MAND LAB	7/1/2003	FEE SCHED	\$212.16		
D5820		DENTURE INTERM PART MAXILL	7/1/2003	FEE SCHED	\$204.00		
D5820	EP	DENTURE INTERM PART MAXILL	7/1/2003	FEE SCHED	\$265.20		
D5821		DENTURE INTERM PART MANDBL	7/1/2003	FEE SCHED	\$204.00		
D5821	EP	DENTURE INTERM PART MANDBL	7/1/2003	FEE SCHED	\$265.20		
D5899		REMOVABLE PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00		
D5899	EP	REMOVABLE PROSTHODONTIC PROC	7/1/2001	BY REPORT	\$0.00		
D6210		PROSTHODONT HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$408.00		
D6210	EP	PROSTHODONT HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$530.40		
D6211		BRIDGE BASE METAL CAST	7/1/2003	FEE SCHED	\$285.60		
D6211	EP	BRIDGE BASE METAL CAST	7/1/2003	FEE SCHED	\$371.28		
D6212		BRIDGE NOBLE METAL CAST	7/1/2003	FEE SCHED	\$326.40		
D6212	EP	BRIDGE NOBLE METAL CAST	7/1/2003	FEE SCHED	\$424.32		
D6240		BRIDGE PORCELAIN HIGH NOBLE	7/1/2003	FEE SCHED	\$448.80		
D6240	EP	BRIDGE PORCELAIN HIGH NOBLE	7/1/2003	FEE SCHED	\$583.44		
D6241		BRIDGE PORCELAIN BASE METAL	7/1/2003	FEE SCHED	\$367.20		
D6241	EP	BRIDGE PORCELAIN BASE METAL	7/1/2003	FEE SCHED	\$477.36		
D6242		BRIDGE PORCELAIN NOBEL METAL	7/1/2003	FEE SCHED	\$408.00		
D6242	EP	BRIDGE PORCELAIN NOBEL METAL	7/1/2003	FEE SCHED	\$530.40		
D6245		BRIDGE PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$308.04		
D6245	EP	BRIDGE PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$400.45		
D6250		BRIDGE RESIN W/HIGH NOBLE	7/1/2003	FEE SCHED	\$408.00		
D6250	EP	BRIDGE RESIN W/HIGH NOBLE	7/1/2003	FEE SCHED	\$530.40		
D6251		BRIDGE RESIN BASE METAL	7/1/2003	FEE SCHED	\$285.60		
D6251	EP	BRIDGE RESIN BASE METAL	7/1/2003	FEE SCHED	\$371.28		

Please see first page for a complete description
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Montana Medicaid - Fee Schedule **Dental**

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D6252		BRIDGE RESIN W/NOBLE METAL	7/1/2003	FEE SCHED	\$367.20		
D6252	EP	BRIDGE RESIN W/NOBLE METAL	7/1/2003	FEE SCHED	\$477.36		
D6720		RETAIN CROWN RESIN W HI NBLE	7/1/2003	FEE SCHED	\$408.00		
D6720	EP	RETAIN CROWN RESIN W HI NBLE	7/1/2003	FEE SCHED	\$530.40		
D6721		CROWN RESIN W/BASE METAL	7/1/2003	FEE SCHED	\$306.00		
D6721	EP	CROWN RESIN W/BASE METAL	7/1/2003	FEE SCHED	\$397.80		
D6722		CROWN RESIN W/NOBLE METAL	7/1/2003	FEE SCHED	\$346.80		
D6722	EP	CROWN RESIN W/NOBLE METAL	7/1/2003	FEE SCHED	\$450.84		
D6740		CROWN PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$326.40		
D6740	EP	CROWN PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$424.32		
D6750		CROWN PORCELAIN HIGH NOBLE	7/1/2003	FEE SCHED	\$489.60		
D6750	EP	CROWN PORCELAIN HIGH NOBLE	7/1/2003	FEE SCHED	\$636.48		
D6751		CROWN PORCELAIN BASE METAL	7/1/2003	FEE SCHED	\$326.40		
D6751	EP	CROWN PORCELAIN BASE METAL	7/1/2003	FEE SCHED	\$424.32		
D6752		CROWN PORCELAIN NOBLE METAL	7/1/2003	FEE SCHED	\$408.00		
D6752	EP	CROWN PORCELAIN NOBLE METAL	7/1/2003	FEE SCHED	\$530.40		
D6780		CROWN 3/4 HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$387.60		
D6780	EP	CROWN 3/4 HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$503.88		
D6781		CROWN 3/4 CAST BASED METAL	7/1/2003	FEE SCHED	\$318.24		
D6781	EP	CROWN 3/4 CAST BASED METAL	7/1/2003	FEE SCHED	\$413.71		
D6782		CROWN 3/4 CAST NOBLE METAL	7/1/2003	FEE SCHED	\$320.28		
D6782	EP	CROWN 3/4 CAST NOBLE METAL	7/1/2003	FEE SCHED	\$416.36		
D6783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$322.32		
D6783	EP	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2003	FEE SCHED	\$419.02		
D6790		CROWN FULL HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$387.60		
D6790	EP	CROWN FULL HIGH NOBLE METAL	7/1/2003	FEE SCHED	\$503.88		
D6791		CROWN FULL BASE METAL CAST	7/1/2003	FEE SCHED	\$285.60		
D6791	EP	CROWN FULL BASE METAL CAST	7/1/2003	FEE SCHED	\$371.28		
D6792		CROWN FULL NOBLE METAL CAST	7/1/2003	FEE SCHED	\$346.80		
D6792	EP	CROWN FULL NOBLE METAL CAST	7/1/2003	FEE SCHED	\$450.84		
D6930		DENTAL RECEMENT BRIDGE	7/1/2003	FEE SCHED	\$40.80		
D6930	EP	DENTAL RECEMENT BRIDGE	7/1/2003	FEE SCHED	\$53.04		
D6950		PRECISION ATTACHMENT	7/1/2003	FEE SCHED	\$163.20		
D6950	EP	PRECISION ATTACHMENT	7/1/2003	FEE SCHED	\$212.16		
D6980		BRIDGE REPAIR	7/1/2003	FEE SCHED	\$106.08		
D6980	EP	BRIDGE REPAIR	7/1/2003	FEE SCHED	\$137.90		
D6999		FIXED PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00		
D6999	EP	FIXED PROSTHODONTIC PROC	7/1/2001	BY REPORT	\$0.00		
D7111		CORONAL REMNANTS DECIDUOUS T	7/1/2003	FEE SCHED	\$40.80		
D7111	EP	CORONAL REMNANTS DECIDUOUS T	7/1/2003	FEE SCHED	\$53.04		
D7140		EXTRACTION ERUPTED TOOTH/EXR	7/1/2003	FEE SCHED	\$44.88		
D7140	EP	EXTRACTION ERUPTED TOOTH/EXR	7/1/2003	FEE SCHED	\$58.34		
D7210		REM IMP TOOTH W MUCOPER FLP	7/1/2003	FEE SCHED	\$81.60		

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Montana Medicaid - Fee Schedule Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D7210	EP	REM IMP TOOTH W MUCOPER FLP	7/1/2003	FEE SCHED	\$106.08		
D7220		IMPACT TOOTH REMOV SOFT TISS	7/1/2003	FEE SCHED	\$93.84		
D7220	EP	IMPACT TOOTH REMOV SOFT TISS	7/1/2003	FEE SCHED	\$121.99		
D7230		IMPACT TOOTH REMOV PART BONY	7/1/2003	FEE SCHED	\$122.40		
D7230	EP	IMPACT TOOTH REMOV PART BONY	7/1/2003	FEE SCHED	\$159.12		
D7240		IMPACT TOOTH REMOV COMP BONY	7/1/2003	FEE SCHED	\$146.88		
D7240	EP	IMPACT TOOTH REMOV COMP BONY	7/1/2003	FEE SCHED	\$190.94		
D7241		IMPACT TOOTH REM BONY W/COMP	7/1/2003	FEE SCHED	\$204.00		
D7241	EP	IMPACT TOOTH REM BONY W/COMP	7/1/2003	FEE SCHED	\$265.20		
D7250		TOOTH ROOT REMOVAL	7/1/2003	FEE SCHED	\$81.60		
D7250	EP	TOOTH ROOT REMOVAL	7/1/2003	FEE SCHED	\$106.08		
D7270		TOOTH REIMPLANTATION	7/1/2003	FEE SCHED	\$146.88		
D7270	EP	TOOTH REIMPLANTATION	7/1/2003	FEE SCHED	\$190.94		
D7280		EXPOSURE IMPACT TOOTH ORTHOD	7/1/2003	FEE SCHED	\$122.40		
D7280	EP	EXPOSURE IMPACT TOOTH ORTHOD	7/1/2003	FEE SCHED	\$159.12		
D7281		EXPOSURE TOOTH AID ERUPTION	7/1/2003	FEE SCHED	\$81.60		
D7281	EP	EXPOSURE TOOTH AID ERUPTION	7/1/2003	FEE SCHED	\$106.08		
D7282		MOBILIZE ERUPTED/MALPOS TOOT	7/1/2003	FEE SCHED	\$40.80		
D7282	EP	MOBILIZE ERUPTED/MALPOS TOOT	7/1/2003	FEE SCHED	\$53.04		
D7310		ALVEOPLASTY W/ EXTRACTION	7/1/2003	FEE SCHED	\$85.68		
D7310	EP	ALVEOPLASTY W/ EXTRACTION	7/1/2003	FEE SCHED	\$111.38		
D7320		ALVEOPLASTY W/O EXTRACTION	7/1/2003	FEE SCHED	\$108.12		
D7320	EP	ALVEOPLASTY W/O EXTRACTION	7/1/2003	FEE SCHED	\$140.56		
D7340		VESTIBULOPLASTY RIDGE EXTENS	7/1/2003	FEE SCHED	\$193.80		
D7340	EP	VESTIBULOPLASTY RIDGE EXTENS	7/1/2003	FEE SCHED	\$251.94		
D7350		VESTIBULOPLASTY EXTEN GRAFT	7/1/2003	FEE SCHED	\$408.00		
D7350	EP	VESTIBULOPLASTY EXTEN GRAFT	7/1/2003	FEE SCHED	\$530.40		
D7510		I&D ABSC INTRAORAL SOFT TISS	7/1/2003	FEE SCHED	\$55.08		
D7510	EP	I&D ABSC INTRAORAL SOFT TISS	7/1/2003	FEE SCHED	\$71.60		
D7520		I&D ABSCESS EXTRAORAL	7/1/2003	FEE SCHED	\$122.40		
D7520	EP	I&D ABSCESS EXTRAORAL	7/1/2003	FEE SCHED	\$159.12		
D7540		REMOVAL OF FB REACTION	7/1/2003	FEE SCHED	\$122.40		
D7540	EP	REMOVAL OF FB REACTION	7/1/2003	FEE SCHED	\$159.12		
D7550		REMOVAL OF SLOUGHED OFF BONE	7/1/2003	FEE SCHED	\$142.80		
D7550	EP	REMOVAL OF SLOUGHED OFF BONE	7/1/2003	FEE SCHED	\$185.64		
D7560		MAXILLARY SINUSOTOMY	7/1/2003	FEE SCHED	\$265.20		
D7560	EP	MAXILLARY SINUSOTOMY	7/1/2003	FEE SCHED	\$344.76		
D7910		DENT SUTUR RECENT WND TO 5CM	7/1/2003	FEE SCHED	\$281.52		
D7910	EP	DENT SUTUR RECENT WND TO 5CM	7/1/2003	FEE SCHED	\$365.98		
D7911		DENTAL SUTURE WOUND TO 5 CM	7/1/2003	FEE SCHED	\$110.16		
D7911	EP	DENTAL SUTURE WOUND TO 5 CM	7/1/2003	FEE SCHED	\$143.21		
D7912		SUTURE COMPLICATE WND > 5 CM	7/1/2003	FEE SCHED	\$163.20		
D7912	EP	SUTURE COMPLICATE WND > 5 CM	7/1/2003	FEE SCHED	\$212.16		

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Montana Medicaid - Fee Schedule

Dental

Proc	Mod	Description	Effective	Method	Fees	Global Days	PA
D7920		DENTAL SKIN GRAFT	7/1/2003	FEE SCHED	\$673.20		
D7920	EP	DENTAL SKIN GRAFT	7/1/2003	FEE SCHED	\$875.16		
D7970		EXCISION HYPERPLASTIC TISSUE	7/1/2003	FEE SCHED	\$979.20		
D7970	EP	EXCISION HYPERPLASTIC TISSUE	7/1/2003	FEE SCHED	\$1,272.96		
D8050		INTERCEP DENTAL TX PRIMARY	7/1/2001	BY REPORT	\$0.00		Y
D8050	EP	INTERCEP DENTAL TX PRIMARY	7/1/2001	BY REPORT	\$0.00		Y
D8060		INTERCEP DENTAL TX TRANSITN	7/1/2001	BY REPORT	\$0.00		Y
D8060	EP	INTERCEP DENTAL TX TRANSITN	7/1/2001	BY REPORT	\$0.00		Y
D8070		COMPRE DENTAL TX TRANSITION	7/1/2001	BY REPORT	\$0.00		Y
D8070	EP	COMPRE DENTAL TX TRANSITION	7/1/2001	BY REPORT	\$0.00		Y
D8080		COMPRE DENTAL TX ADOLESCENT	7/1/2001	BY REPORT	\$0.00		Y
D8080	EP	COMPRE DENTAL TX ADOLESCENT	7/1/2001	BY REPORT	\$0.00		Y
D8090		COMPRE DENTAL TX ADULT	7/1/2001	BY REPORT	\$0.00		Y
D8090	EP	COMPRE DENTAL TX ADULT	7/1/2001	BY REPORT	\$0.00		Y
D8220		FIXED APPLIANCE THERAPY HABT	7/1/2003	FEE SCHED	\$291.72		
D8220	EP	FIXED APPLIANCE THERAPY HABT	7/1/2003	FEE SCHED	\$379.24		
D8670		PERIODIC ORTHODONTIC TX VISIT	1/1/2000	BY REPORT	\$0.00		Y
D8670	EP	PERIODIC ORTHODONTIC TX VISIT	1/1/2000	BY REPORT	\$0.00		Y
D9110		TX DENTAL PAIN MINOR PROC	7/1/2003	FEE SCHED	\$40.80		
D9110	EP	TX DENTAL PAIN MINOR PROC	7/1/2003	FEE SCHED	\$53.04		
D9241		INTRAVENOUS SEDATION	7/1/2002	FEE SCHED	\$119.22		
D9241	EP	INTRAVENOUS SEDATION	7/1/2002	FEE SCHED	\$154.99		
D9242		IV SEDATION EA AD 30 M	7/1/2002	FEE SCHED	\$44.71		
D9242	EP	IV SEDATION EA AD 30 M	7/1/2002	FEE SCHED	\$58.12		
D9248		SEDATION (NON-IV)	1/1/2000	BY REPORT	\$0.00		
D9248	EP	SEDATION (NON-IV)	7/1/2002	FEE SCHED	\$114.95		
D9310		DENTAL CONSULTATION	7/1/2003	FEE SCHED	\$32.64		
D9310	EP	DENTAL CONSULTATION	7/1/2003	FEE SCHED	\$42.43		
D9410		DENTAL HOUSE CALL	7/1/2003	FEE SCHED	\$61.20		
D9410	EP	DENTAL HOUSE CALL	7/1/2003	FEE SCHED	\$79.56		
D9420		HOSPITAL CALL	7/1/2003	FEE SCHED	\$61.20		
D9420	EP	HOSPITAL CALL	7/1/2003	FEE SCHED	\$79.56		
D9440		OFFICE VISIT AFTER HOURS	7/1/2003	FEE SCHED	\$40.80		
D9440	EP	OFFICE VISIT AFTER HOURS	7/1/2003	FEE SCHED	\$53.04		
D9630		OTHER DRUGS/MEDICAMENTS	7/1/2003	FEE SCHED	\$10.20		
D9630	EP	OTHER DRUGS/MEDICAMENTS	7/1/2003	FEE SCHED	\$13.26		
D9920		BEHAVIOR MANAGEMENT	7/1/2003	FEE SCHED	\$32.64		
D9920	EP	BEHAVIOR MANAGEMENT	7/1/2003	FEE SCHED	\$42.43		